

47528/20

SERVICE REPORT

Hospital/Clinic :		Telephone :		Date : 17/4/21	
Address		Fax :		<input type="checkbox"/> PPM	<input type="checkbox"/> Contract PPM
P.O. # :		Installation		<input type="checkbox"/> Contract Repair	
Received thru:		Warranty PPM		<input type="checkbox"/> Site Inspection	
SAP Service Call #:		Warranty Repair		<input type="checkbox"/> Demo Installation	
Contact Person :				<input type="checkbox"/> Paid Service	
Invoice #:		Delivery			
Model : R53000		Serial # : 25357		Description NIDEK	
Problem / Error :					
Work Report : part carried out					
Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/>					
Qty.	Part Description				Part.#
	استبدال الجزء المتضرر في جهاز NIDEK				Price
Warranty Period:					
Acceptance Date		1st PM	2nd PM	3rd PM	4th PM
/ / 20		/ / 20	/ / 20	/ / 20	/ / 20
Date		/ / 20	/ / 20	/ / 20	/ / 20
Invoice #					
Travel Time		Working Time			Expenses
Date	From	To	Total	Unit	Total
Total Travel		Total Work			Total Expenses:
Work Complete		Note : Customer Engineer			Date :
Need Follow-up		Signature :			Stamp :
Enclosed		Signature :			Signature :
Engineer					

(Hotline 9200 - Amico / 9200-26426) or callcenter@amicogroup.com

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Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant

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